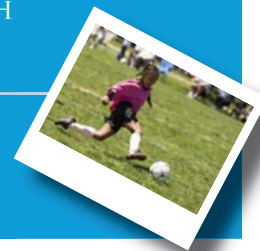




A SNAPSHOT OF THE

KATIE BECKETT PROGRAM



Overview

Established in 1982 under the Tax Equity and Fiscal Responsibility Act (P.L. 97-248), the Katie Beckett Medicaid Program (KB), permits the state to ignore family income for certain disabled children. It provides benefits to children 18 years of age or less who qualify as disabled individuals under §1614 of the Social Security Act and who live at home, rather than in an institution. These children must meet specific criteria to be covered. Qualification is not based on medical diagnosis; it is based on the level of care the child requires. Title 42 code of Federal Regulations outlines the criteria used to determine eligibility.

Applying for the Katie Beckett Program

Apply with a DFCS case manager under the Department of Human Resources (DHR).

Has Katie Beckett eligibility criteria changed?

To ensure that health care is delivered to the children who need services most, and to reduce abuse and fraud to the program, the Georgia Department of Community Health (DCH) began enforcing federal guidelines for the program in November 2004. Reasons behind the current criteria are:

- Enrollment dramatically increased over five years from 2,694 to 6,299;
- DCH received numerous reports of children in the program that were not eligible;
- The Centers for Medicaid and Medicare began auditing states' Medicaid and Medicare programs. Portions of the audit focus on whether the evidence supports compliance with regulations and eligibility determinations;
- Georgia Medical Care Foundation (GMCF) was using adult Activities of Daily Living (ADL) to assess eligibility of children, rather than the federally required criteria and;
- In November 2004, physician specialists, advocates and parents helped develop pediatric criteria.

How is level of care determined?

- STEP 1** Families apply for the KB Waiver with a DCFS case manager.
- STEP 2** Treating physicians, parents and others (school guidance counselors, therapists, etc.) complete the required application packet.
- STEP 3** GMCF under the direction of a pediatrician, pediatric neurologist and nurses, perform the clinical review of the packet.
- STEP 4** If level of care is satisfied, DCFS does a cost neutrality assessment to determine that the cost of home care is less than an institution.

ENROLLMENT

Enrollment dramatically increased over five years from 2,694 to 6,299. Up 250 percent.

OTHER STATES

- 20 States have opted to open the category
- Only three other states in the Southeast have a KB program

ELIGIBILITY

- 18 years old or younger
- Meet federal criteria for childhood disability
- Meet institutional level of care
- Can safely be served at home
- Cost does not exceed the applicable institutional cost

A SNAPSHOT OF KATIE BECKETT PROGRAM

○ Is there an appeals process?

Yes. An initial (administrative) appeal can be made directly to GMCF. A second appeal can be made by requesting a hearing directly from DCH.

○ Alternatives to Katie Beckett

- During the 2006 legislative session, the General Assembly directed the DHR to create a foundation to ease the transition of those children who are no longer eligible for the KB Wavier. The General Assembly appropriated \$7.6 million in FY2006 Amended FY 2006 Budget to help these families. Contact DHR for more details about this foundation.
- Babies Can't Wait (BCW) program Individualized Family Service Plan
- Local Education Agency Individualized Education Program

TIMELINE

September - October 2003

DCH discovered that GMCF was not using the federally required criteria.

November - September 2003

A multi-disciplinary committee including, the medical director, found that the clinical criteria only addressed adults, not pediatrics; the clinical review and criteria was outdated, and did not follow the federally required criteria; and all of the determinations were based on diagnoses, rather than the three levels of care criteria in the CFR. The committee developed pediatric specific criteria; policies and forms; and continued reviewing the programs changes through January 2005.

September 2004

DCH Medicaid chief, medical director, and policy staff met with parents and advocates regarding the criteria. Meetings were held in Atlanta and Athens with the Developmental Disability Council coordinating the meetings. The DCH Policy staff also met with the DHR state staff of the BCW program.

October 2004

The committee developed and refined the KB training tools and forms based on input from the parents, advocates and experts on the new KB criteria and a new Pediatric DMA-6A form exclusive for pediatric cases. KB letters were developed and reviewed by DCH's General Counsel. The appeal process for Parents' Right to a Hearing was also refined.

November - December 2004

DCH phased in the updated KB criteria for renewal cases. Applications received prior to November 15, 2004, GMCF used the old forms and old criteria. After November 15, 2004, GMCF began applying the new KB criteria. If there was not enough information to review for a clinical determination, additional information was requested. DCH policy and General Counsel staff, and DFCS staff were trained on the KB forms and new criteria.

January 2005 - present

DCH has held several meetings with a number of stakeholders; continued to improve the criteria; and monitor the process.